Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

# Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 LAW- 2010 Recognized SERFF Tr Num: AENX- State: Arkansas

Amount - SRC Conversion G127821650

TOI: H06 Health - Conversion SERFF Status: Closed-Approved State Tr Num: 50257

Sub-TOI: H06.000 Health - Conversion Co Tr Num: AH AR0327801F01 State Status: Approved-Closed

Author: SPI AetnaSPI Disposition Date: 12/15/2011

Reviewer(s): Donna Lambert

Implementation Date: 01/16/2012

Date Submitted: 11/14/2011 Disposition Status: Approved

Implementation Date Requested: On Approval

State Filing Description:

Filing Type: Form

## **General Information**

Project Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion Status of Filing in Domicile:

(Limited Major-ALIC)

Project Number: AH AR0327801F01 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Employer Overall Rate Impact:

Filing Status Changed: 12/15/2011

State Status Changed: 12/15/2011 Deemer Date:

Created By: SPI AetnaSPI Submitted By: SPI AetnaSPI

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null Filing Description:

The policy amendment form includes Aetna's new Recognized Charge definition which replaces the "Recognized Charge" definition in the policy. The definition will provide Aetna with additional flexibility to structure the plans of benefits in conversion plans to include alternative methods of calculating reimbursement levels for health care coverage based upon the type of charges.

# **Company and Contact**

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

**Filing Contact Information** 

John Ciesielski, Product and Regulatory CiesielskiJW@Aetna.com

Approvals Manager

 151 Farmington Avenue
 860-279-1282 [Phone]

 Mail Stop RW61
 860-952-2069 [FAX]

Hartford, CT 06156

**Filing Company Information** 

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut

151 Farmington Avenue Group Code: 1 Company Type: Hartford, CT 06156 Group Name: Aetna State ID Number:

(860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

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**Filing Fees** 

Fee Required? Yes Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Aetna Life Insurance Company \$50.00 11/14/2011 53717246

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

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Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

# **Correspondence Summary**

## **Dispositions**

Status Created By Created On Date Submitted

Approved Donna Lambert 12/15/2011 12/15/2011

**Objection Letters and Response Letters** 

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Rosalind Minor 11/16/2011 11/16/2011 SPI AetnaSPI 12/12/2011 12/12/2011

Industry Response

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

# **Disposition**

Disposition Date: 12/15/2011

Implementation Date: 01/16/2012

Status: Approved

HHS Status: HHS Approved State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

Schedule	Schedule Item	Schedule Item Status	<b>Public Access</b>
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Supporting Document	current definition of recognized charge	Approved	Yes
Form	SRC RC Conversion Policy Amendment	Approved	Yes

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

# **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 11/16/2011 Submitted Date 11/16/2011

Respond By Date
Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- SRC RC Conversion Policy Amendment, GR-96653SRC 01 (Form)

Comment:

It would be appreciated if you could attach a copy of the existing language in order for me to compare that language to the proposed new language.

Thank you for your cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

## **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 12/12/2011 Submitted Date 12/12/2011

Dear Donna Lambert,

#### **Comments:**

Please see attached

## Response 1

Comments: This is the current definition of recognized charge in conversion policy approved on June 12, 2006 **Related Objection 1** 

Applies To:

- SRC RC Conversion Policy Amendment, GR-96653SRC 01 (Form)

Comment:

It would be appreciated if you could attach a copy of the existing language in order for me to compare that language to the proposed new language.

Thank you for your cooperation.

## **Changed Items:**

## **Supporting Document Schedule Item Changes**

Satisfied -Name: current definition of recognized charge

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

SPI AetnaSPI

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

## Form Schedule

**Lead Form Number:** 

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
Approved	GR-	Policy/Cont SRC RC Conversion	Initial		51.400	AL GE
12/15/2011	96653SRC	ract/Fratern Policy Amendment				AGR96653SR
	01	al				C V001.PDF
		Certificate:				
		Amendmen				
		t, Insert				
		Page,				
		Endorseme				
		nt or Rider				

# Aetna Life Insurance Company

Hartford, Connecticut 06156

**Amendment** [Policyholder: John Doe]

**Policy No.**: [123456]

**Effective Date:** [This Policy Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under the Policy.]

[The policy as specified above has been amended. This amendment is effective on the dates shown above.]

This amendment changes the Policy as follows:

[The following definition entitled "**Recognized Charge**" replaces the same definition appearing in the [*Glossary*] section of your Policy:]

## [Recognized Charge

Only the part of a charge which is the **recognized charge** is covered.

As to medical expenses, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- [for professional services and other services or supplies not mentioned below:
  - [100% 400% of the Medicare Allowable Rate;]
  - [the 50<sup>th</sup>-100<sup>th</sup> percentile of the Prevailing Charge Rate;] for the Geographic Area where the service is furnished.]
- [for inpatient charges of hospitals and other facilities:
  - [100% 400% of the Medicare Allowable Rate;] for the Geographic Area where the service is furnished.]

GR-96653SRC [State] 01 [1] [Conversion-SRC]

- [for outpatient charges of hospitals and other facilities:
  - [100% 400% of the Medicare Allowable Rate;] for the Geographic Area where the service is furnished.]

[If **Aetna** has an agreement with a provider (directly or through a third party) which sets the rate that **Aetna** will pay for a service or supply, then the **recognized charge** is the rate established in such agreement.]

**Aetna** may also reduce the **recognized charge** by applying **Aetna** Reimbursement Policies. **Aetna** Reimbursement Policies address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- the duration and complexity of a service;
- whether multiple procedures are billed at the same time, but no additional overhead is required;
- whether an assistant surgeon is involved and necessary for the service;
- if follow up care is included;
- whether there are any other characteristics that may modify or make a particular service unique; and
- when a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

**Aetna** Reimbursement Policies are based on **Aetna's** review of: the policies developed for Medicare; the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. **Aetna** uses a commercial software package to administer some of these policies.

As used above, Geographic Area, [Medicare Allowable Rates and Prevailing Charge Rates are] defined as follows:

Geographic Area: This means an expense area grouping defined by the first three digits of the U.S. Postal Service zip codes. If the volume of charges in a single three digit zip code is sufficient to produce a statistically valid sample, an expense area is made up of a single three digit zip code. If the volume of charges is not sufficient to produce a statistically valid sample, two or more three digit zip codes are grouped to produce a statistically valid sample. When it is necessary to group three digit zip codes, the grouping never crosses state lines.

GR-96653SRC [State] 01 [2] [Conversion-SRC]

[Medicare Allowable Rates: Except as specified below, these are the rates established and periodically updated by The Centers for Medicare and Medicaid Services (CMS) for payment for services and supplies provided to Medicare enrollees. **Aetna** updates its systems with these revised rates within [90-180 days] of receiving them from CMS. If Medicare does not have a rate for a particular service, the rate will be based on the same method that CMS uses to set Medicare rates.

## [Exceptions:

- For inpatient services, the Medicare Allowable Rate excludes amounts CMS allocates for Operating Indirect Medical Education (IME) and Direct Graduate Medical Education (DGME) or for other payments which CMS may make directly to hospitals.
- 2. For professional behavioral health services, the allowable rate will be a percentage of the otherwise applicable Medicare Allowable Rate for the following types of providers: physicians 100%; clinical psychologists 80%; social workers 60%.]]

[Prevailing Charge Rates: These are rates reported by [Ingenix, a United Health Group subsidiary, in the [Prevailing Health Care Charges System (PHCS) database] [Medical Data Research (MDR) database], which is compiled from information that **Aetna** and other insurers submit to Ingenix.] [FAIR Health, a nonprofit company, in their database.] [[Ingenix] [FAIR Health] reviews and, if necessary, changes these rates periodically. **Aetna** updates its systems with these changes within [90-180 days] after receiving them from [Ingenix] [FAIR Health].]]

## [Important Note

**Aetna** periodically updates its systems with changes made to the [Medicare Allowable Rates] [and] [Prevailing Charge Rates].

<u>What this means to you</u> is that the **recognized charge** is based on the version of the [schedule rates or table] that is in use by **Aetna** on the date that the service or supply was provided.]

#### [Additional Information

**Aetna**'s website [aetna.com] may contain additional information which may help you determine the cost of a service or supply. Log on to **Aetna** Navigator to access the "Estimate the Cost of Care" feature. Within this feature, view our "Cost of Care" and "Member Payment Estimator" tools, or contact our Customer Service Department for assistance.]

GR-96653SRC [State] 01 [3] [Conversion-SRC]

This amendment makes no other changes to your Policy.

Ronald A. Williams

Ronald of Williams

Chairman, Chief Executive Officer and President]

[Amendment: XXXX] [Issue Date: July 1, 20XX]

GR-96653SRC [State] 01 [4] [Conversion-SRC]

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

# **Supporting Document Schedules**

Item Status: Status

Date:

Satisfied - Item: Flesch Certification Approved 12/15/2011

Comments: Attachment:

AR - READABILITY CERTIFICATION.PDF

Item Status: Status

Date:

Bypassed - Item: Application Approved 12/15/2011

Bypass Reason: not applicable

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification Approved 12/15/2011

Bypass Reason: not applicable

**Comments:** 

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage Approved 12/15/2011

Bypass Reason: not applicable

Comments:

Item Status: Status

Date:

Bypassed - Item: PPACA Uniform Compliance Approved 12/15/2011

Summary

Bypass Reason: not applicable

**Comments:** 

Company Tracking Number: AH AR0327801F01

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: 2009 LAW- 2010 Recognized Amount - SRC Conversion

Project Name/Number: 2009 LAW- 2010 Recognized Amount - SRC Conversion (Limited Major-ALIC)/AH AR0327801F01

Item Status: Status

Date:

Satisfied - Item: current definition of recognized Approved 12/15/2011

charge

**Comments:** 

**Attachment:** 

0406ARCOMPPOLFILE recognized charge.PDF

## STATE OF ARKANSAS

## **READABILITY CERTIFICATION**

**COMPANY NAME:** Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score		
GR-96653SRC 01	51.4		

Signed: John W Ciesielski

Name: John Ciesielski Title: Senior Consultant

Date: November 14, 2011

Formatted: Highlight

#### **Psychiatric Physician**

This is a physician who:

- · specializes in psychiatry; or
- has the training or experience to do the required evaluation and treatment of mental illness.

#### R.N.

This means a registered nurse.

#### [Recognized Charge

Only that part of a charge [made by a **physician** or **dentist**] which is recognized is covered. The recognized charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it; and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made; and
- Negotiated charge;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished;
- The charge Aetna determines [on an annual basis] to be [at the 50<sup>th</sup> 100<sup>th</sup> Percentile] made for that service or supply;
- The Medicare Resource Based Relative Value which is the charge Medicare determines to be appropriate under Title XVIII of the Social Security Act, as amended;
- The charge established in Aetna's Allowable Fee Schedule;
- As to Dental Expense coverage, the charges Aetna determines on an annual basis to be at the 90<sup>th</sup> percentile of the Medicode Medical Data Research Tables;

In determining the recognized charge for a service or supply that is:

- Unusual; or
- Not often provided in the geographic area; or
- Provided by only a small number of providers in the geographic area;

Aetna may take into account factors, such as:

- The complexity.
- The degree of skill needed.
- The type of specialty of the provider.
- [The range of services or supplies provided by a facility.]
- The recognized charge in other geographic areas.

In some circumstances, Aetna may have an agreement with a provider (either directly, or indirectly through a third party) which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the recognized charge is the rate established in such agreement.

As used above, the term "geographic area" means a Prevailing HealthCare Charges System (PHCS) expense area grouping. Expense areas are defined by the first three digits of the U.S. Postal Service Zip Codes. If the volume of charges in a single three digit zip code is sufficient to produce a statistically valid sample, an expense area is made up of a single three digit zip code. If the volume of charges is not sufficient to produce a statistically valid sample, two or more three digit zip codes are grouped to produce a statistically valid sample. When it is necessary to group three digit zip codes, PHCS never crosses state lines. This data is produced semi-annually. Current procedure codes that have been developed by the American Medical Association; the American Dental

GR-96332-AR

Ed. 0<u>1-06</u>

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Association; and the Centers for Medicare and Medicaid Services; are used.]

#### [Residential] Treatment Facility (Alcoholism Or Drug Abuse)

This is an institution that:

- Mainly provides a program for diagnosis, evaluation, and [effective treatment of [alcoholism or drug abuse]]
- Makes charges.
- Meets licensing standards.
- Prepares and maintains a written plan of treatment for each patient. The plan must be based on medical, psychological and social needs. It must be supervised by a physician.
- Provides, on the premises, 24 hours a day:

Detoxification services needed with its effective treatment program.

<u>Infirmary-level medical services.</u> Also, it provides, or arranges with a **hospital** in the area for, any other medical services that may be required.

Supervision by a staff of physicians.

Skilled nursing care by licensed nurses who are directed by a full-time R.N.

#### [Residential]Treatment Facility (Mental Disorder)

This is an institution that:

- Mainly provides a program for the diagnosis, evaluation, and effective treatment of mental disorders.
- Is not mainly a school or a custodial, recreational or training institution.
- Provides infirmary-level medical services. Also, it provides, or arranges with a hospital in the area for, any other medical service that may be required.
- Is supervised full-time by a psychiatrist who is responsible for patient care and is there regularly
- Is staffed by **psychiatric physicians** involved in care and treatment.
- Has a **psychiatric physician** present during the whole treatment day.
- Provides, at all times, psychiatric social work and nursing services.
- Provides, at all times, skilled nursing care by licensed nurses who are supervised by a full-time R.N.
- Prepares and maintains a written plan of treatment for each patient based on medical, psychological and social needs. The plan must be supervised by a psychiatric physician.
- Makes charges.
- Meets licensing standards.

#### **Room and Board Charges**

Charges made by an institution for **room and board** and other **necessary** services and supplies. They must be regularly made at a daily or weekly rate.

#### **Semiprivate Rate**

This is the **charge** for **room and board** which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.